SAMPLE B

Arizona Department of Transportation Motor Vehicle Division Central Communications Unit Supervisor P.O. Box 2100, Mail Drop 554-M Phoenix, Arizona 85001-2100

City Magistrate's Office
[CITY MAGISTRATE'S NAME] [MAGISTRATE'S STREET ADDRESS] [CITY, STATE ZIP] [CITY MAGISTRATE'S PHONE #]
[YEAR, MAKE AND MODEL OF VEHICLE] [VEHICLE IDENTIFICATION NUMBER] [PLATE NUMBER] [OWNER LISTED ON TITLE] [DEFENDANT'S NAME] [DEFENDANT'S LAST KNOWN ADDRESS]
on the above listed titled motor vehicle[s].
[PRINT MAGISTRATE'S NAME]
[MAGISTRATE'S SIGNATURE]
Magistrate